Permit No. A 22/ 0	Hepartment.			1/1
The Physician who attended any p to the Undertaker or other person supe	erson in a last niness is nesp rintending the burial, within	on the forthe presentation of twenty-jour hours after the	of this Certificate, accurate leath of said deceased,	utely filled out, or sooner, if
	OR BURIAL OF OFFICATE	OKE		8
	one 5			
Full Name of Deceased, $\left\{egin{array}{c} \operatorname{Writ} \\ \operatorname{corre} \\ \operatorname{of ps} \\ \end{array}\right.$	te legibly and spell petly. If an Infant named, give names arents.	Theo for	forew	
Sex, Male or Female, Cross out trequired in	the word not hat this line.			
Age, 64	Years,	Months,		Days
Color,	While			
Married, Single, Widow or	Widower, {Cross out the wo	rds not }	anced	
Occupation,	Procler	hunce		^
Birth Place, State or country, and ho long in the United State if of foreign birth.	w,} Vcig	inia	1	
Duration of Residence in the				
Place of Death, {Give Street and }	1431	East F.	ayelle.	
Cause of Death, Second (Imme	ediate), Cance	of the	west	
Duration of Last Sickness, All the above information hould be fur	nished by the Physician.	austi.		
Place of Burial Mount	Carmel	Cometry		
Date of Burial, June	80/887	2015.		
(Undertaker, Lemn	y Whithell	July July	Medical Attendant.	M. D.
Place of Business 28	SB roadway	Address, B.S.	Daly	
Extract from Regulations of the I			d of the Vital Statist	ics in the
Section 2. And be it further enacted the Physician who attended during his exenty-four hours after the death, to the he same can be ascertained, the full nanual date of death.	or her last sickness, or the C e Undertaker or other perso	er any person shall die in the coroner, when the case comes ons superintending the Buris	under his notice, to fur d, a certificate setting for	rnish within orth as far as

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

The opecial accention of Physicians is Kespectium, invited to the Kemarks below, and to hist of biseases on back of this certificate
Bealth Department, Gitn of Baltimore.
Permit No. 222 Office of Registrar of Vilas Patistics. Ward 16
The Physician who attended any person in a last illness, is reactorsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-for hours after the death of said deceased, or sooner, i requested so to do, under penalty of law. No Permit for Burial can be detained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, June 6 4 1887
Full Name of Deceased, {Write legibly and speil correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {required in this line. }
Age, Years, 2 Months, 14 Days.
Color, white
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 538, S, Eular
Cause of Death, Second (Immediate),
Duration of Last Sickness, MINENT, Sickh Ames Only
Place of Burial, Ot Peters Com
Date of Burial, June 8 197
Undertaker, C.T. Pranse Sm. Medical Attendant.
Place of Business, 203 Hounver Address, 70). 12. Links

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physician	is is Respectfully Invited to the b	temarks below, and to	List of Diseases on B	ack of this certificate.
Bealth	Department,	City of	Baltim	ore.
Permit No. A 223	Office of Registra	PERFERENCE	atistics.	Ward 19 7
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of No Pers	any person in a last 10 dest, is responded in the burial, will flaw. IIT FOR BURIAL CAN BE OBTAIN		ion of this Certifice the death of said of the CERTIFICATE.	ate, accurately filled out, leceased, or sooner, if
CEF	RTIFICATE	OF DE	EATH.	
Date of Death,	June 6	16 188	71,	12
Full Name of Deceased,	(of parents.)	mes E.	Malle	henry
Sex, Male on the Cros	s out the word not irred in this line.	· · · · · · · · · · · · · · · · · · ·		
Age, fifty eight	Yeurs,	Months	,	Days
Colod Of	White			
Maried, Sayle, Willow	Widower, {Cross out the wo	ords not }		
Occupation,	Shortan	ter /	V	
Birth Place, State or country, a long in the United if of foreign birth	nd how States, Jaloot &	o. Mon	of Can	d
Duration of Residence in	n the City of Baltimore,	willhis for	ge nea	26/1.
Place of Death, Give Street Number	and Watthe	Villeric	ker c	3/7,
Cause of Death, $\begin{cases} \text{First (Properties)} \\ \text{Second (Properties)} \end{cases}$	(Immediate), Par	allyon	· · · · · · ·	
Duration of Last Sickne		Horee,	hour	9
Place of Burial,	to cornetiz			
Date of Burial, June	1 8 M	Midgely	Hamm	ond M. D.
S Undertaker,	bowan &	1/	Medical	Attendant.
Place of Business, 90	1 holling of	Address, 50	2 V. 80	vey so

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

City of Baltimore.

The Special Attention of Physicians	s is Respectfully Invited to	the Kemarks below, and to	List of Diseases on back of t	his Certificate.
Permit No. 225 The Physician who attended to the Undertaker or other person	Office of Den	trar of Vital	Baltimore. Catistics. Ward	15"
requested so to do, under penalty of No Permi	f law.	E OF D	PER CERTIFICATE.	a
		ne 7.5		
Date of Death,				
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Faral y	soing.	
Sex, Mate of Female, { cro		•		
Age, 7	7 Years,	Monti	hs,	Days.
Color,	White	15		
Married, Single, Widow	* Widower, { Cross out trequired in	the words not a this line.	V	
Occupation,	N			
Birth Place, State or country, a long in the United if of foreign birth.		allo, Eu.		
Duration of Residence in	n the City of Baltin	more, 70 3	eus,	
Place of Death, Give Street a Number.		E mon	Gorney	8-Km
O 1 -1 17	(Immediate), Pnl	manary &	hthiris,	
Duration of Last Sickne	furnished by the Physician.	and 2	Zours,	
Place of Burial, Mou		meley	,	
411	re 8 1887	1 8.4	N. Tal	// W D
Undertaker, Hen	my W. Mea	Acs 1	Medical Attendar	nt. O
Place of Business,	413 8. Kayell	Address, 52	4 Sharp	c. the

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

out, to the Undertaker or other person superintending the burial, within the four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial Can be Obtained Without Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, {Cross out the word not } famale haef and house
Age, Years, Months, Months, Days
Color, white
Married, Single, Widow or Widower, {Cross out the words not}
Occupation,
Birth Place, {State or country, and how long in the United States, } 121 27. Gay
Duration of Residence in the City of Baltimore, half Mon
Place of Death, {Give Street and }
Cause of Death, Second (Immediate), wasful to live in the neighbor much
Duration of Last Sickness,
Place of Burial, Baltimore Conseles
Date of Burial, June 4 1884 May
Undertaker, Herry W. Mewis Medical Attendant.
Place of Business, #413 & Layelle Address, 254 Vear 1 3
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

ne opecial account of a nysterous	i is mospoortuity invitoor		,	
Health	Departm	ent, City	g of Bal	timore.
armit Va 227	Office of Red	interest of Y	Lal Statistics	ward // /
The Physician who attended a the Undertaker or other person	any personain a last line superintending in but	al, within twenty jour	the presentation of the	of said deceased, or sooner, if
equested so to do, under penalty of	T FOR BURIAL GAN B	E BANINED WITHOU	T A PROPER CERTIF	ICATE.
CER	TIFICA	TENOOF	DEAT	ΓH.
Date of Death,	ne, o	700/	A	C 1-
Full Name of Deceased, $\left\{ ight.$	or barones.	darch	Saniel ,	Carle
Sex, Male or Female, {Cro		<i>P</i>	75 //	Davo
Age, Bluch	Years,	·····	Months,	
cotor,				
Married, Single, Widow	$or\ Widower, \{^{ m Cross}_{ m requi}$	out the words not }		
Occupation, 'M	12-	06		
Birth Place, State or country, a long in the United if of foreign birth.	nd how States,	vergin	10.0	
Duration of Residence is	n the City of Be	altimore,	ngear	
Place of Death, Give Street a Number.	and}/7/6.	Cano	J. W.	
Cause of Death, $\left\{egin{array}{l} ext{First (P)} \\ ext{Second} \end{array} ight.$	rimary), (Immediate),	ayent	og New	· ·
Duration of Last Sickner All the above information should be	988,e furnished by the Physicia	n. () ()	2 ogo	
Place of Burial, Culpy	ppa B.P.	RR /	10	D ,
Date of Burial,	ne / 188	7 91	8 2/-	M. D.
(Undertaker, S. VII)	Yeonard)	-au-	No of	Medical Attendant.
Place of Business, //	oss w. Ball	Address	Hayett	V Carry
Extract from Regulations of t	he Board of Health	to secure a full an	d correct record o	f the Vital Statisties in the
Section 2. And be it further the Physician who attended during twenty-four hours after the death, the same can be ascertained, the found date of death.	r enacted and ordained, ng his or her last sicks	That whenever any pass, or the Coroner, where persons superint	ending the Burial, a	CITATICITED DOCUMENT AND THE

The opecial Accention of Physicians is acspectuity invited to the actual as below, and to hist of business of business of the
Bealth Department, City of Baltimore.
Termit horse of the order of th
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the barrely within the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without A Coper Certificate.
CERTIFICATE OF DEATH.
Date of Death, June 6 11/87
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sex. Male or Female, {Cross out the word not } female {Cr
Sex, Male or Female, { required in this line. }
Age, Months, Days.
Color, Colord
Married, Single, Widow or Widower, {Cross out the words not } . Ling 4
Occupation, Ment
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Ale
Place of Death, Give Street and 824 Streek holm Street
Cause of Death, { First (Primary), Len lilion Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Sharp Street Cemeley
Date of Burial, June 8 in /87 Jun +11-
(Undertaker, Il Ross M. D.
Place of Business, Coursey Address, Our Jo 72
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is nespectally invited to the Space of the to this of this certained
Bealth Department, Gity of Baltimore.
Permit No. 229 Office of Registrar of Vital Statistics. Ward 2
The Physician who stended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the bulled within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, June 7th 1887
Full Name of Deceased, {Write legibly and spell not named, give names} I sueph Katilewski
Sex, Male or Female, { Cross out the word not }
Age, 3 Years, Months, Days.
Color, Thile
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Since Since
Place of Death, {Give Street and} & 10 27 Cartery Co.
(First (Primary),
Cause of Death, { First (Primary), Second (Immediate), Broup (Diftherite)
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Staffans en Cini
Date of Burial, Jum & Ame 87 John Ho Reliberger M B
J Undertaker, Fel & Broshowers M. D. Medical Attendage.
Place of Business, 1982 Oll's a new KAddress # 1709 Aliee Auseh

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Departmett, Oity of Baltimore.
Permit No. 230 Office of Registrar of Vital Statistics. Ward 2 The Physician who attended any person in clast theress, is a sponsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within acenty-four hours after the death of said deceased, or sooner.
No PERMIT FOR BURIAG CAN BE OF AINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, June 6 1884
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or remain, required in this line.
Age, Months, Days
Color, Mile
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Look Smith
Birth Place, State or country, and now long in the United States, long in the United States,
Duration of Residence in the City of Baltimore, 26 Hans
Place of Death, {Give Street and } 10 Court Street Number. Silestation of Acort
Cause of Death, Second (Immediate), for all first of fear
Duration of Last Sickness, Charles 10 Million All the above information should be furnished by the Physician,
Place of Burial, 3th Referred It, Sauce Centry,
Date of Burial, Some 8th 1884 Sall Rula & M. D
S Undertaker, With excellent
Place of Business, 1115 allelling Address 40 3 N Mora Ola

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish with twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the can and date of death.